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APR 27 2005

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Hendrik Willem MEIJER, et al.

Serial No.: 10/712,778

Group No.: 3637

Filed: November 13, 2003

Examiner: Phi Dieu Tran A

For: CONNECTION FOR WALL ELEMENTS

Attorney Docket No.: U 014884-0

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450AMENDMENT

Please amend the above application as follows:

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8a)

I hereby certify that this correspondence is, on the date shown below, being:

05/06/2005 SHORELAN 00000007 120425 10/12778

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Date: April 27, 2005

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X transmitted by facsimile to the Patent and
Trademark Office to (703) 872-9306

Signature

William R. Evans

(type or print name of person certifying)

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY		
Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Addit. Fee	OR	Rate	Addit. Fee
Total	*23 Minus	**22	=		x \$ 25	1/1/00		x \$ 50=	\$50
Indep.	* Minus	***	=		x \$ 100	\$		x \$ 200	\$
<input type="checkbox"/> First Presentation of Multiple Dependent Claims					+ \$180=	\$		+ \$360=	\$
					Total Addit. Fee	\$	OR	Total Addit. Fee	\$ 50

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

WARNING: "After final rejection or action (§ 1.113) amendments may be made canceling claims or complying with any requirement of form which has been made." 37 C.F.R. 1.116(a) (emphasis added).

(complete (c) or (d), as applicable)

- (c) ☐ No additional fee for claims is required.

OR

- (d) ☒ Total additional fee for claims required \$ _____

FEE PAYMENT

5. ☐ Attached is a check in the sum of \$ _____
☒ Charge Account No. 12-0425 the sum of \$ 50.00
 A duplicate of this transmittal is attached.

FEE DEFICIENCY OR OVERPAYMENT

NOTE: If there is a fee deficiency and there is no authorization to charge an account, additional fees are necessary to cover the additional time consumed in making up the original deficiency. If the maximum, six-month period has expired before the deficiency is noted and corrected, the application is held abandoned. In those instances where authorization to charge is included, processing delays are encountered in returning the papers to the PTO Finance Branch in order to apply these charges prior to action on the cases. Authorization to charge the deposit account for any fee deficiency should be checked. See the Notice of April 7, 1986, (1065 O.G. 31-33).

6. ☒ If any additional extension and/or fee is required, charge Account No. 12-0425.

AND/OR

- ☒ If any additional fee for claims is required, charge Account No. 12-0425

AND/OR

- ☒ Refund any overpayment to Account No. 12-0425.

Reg. No. 25,858

Tel. No.


SIGNATURE OF PRACTITIONER

William R. Evans
(type or print name of practitioner)

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